

Foster Family Home - Corrective Action Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan, CNA

Review ID: 1-170060-3

94-385 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/22/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/22/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

10/22/19

Date

Raquel Fagaragan

Primary Care Giver

10/22/19

Date